

<b>Case Number:</b>	CM14-0012390		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/21/2010
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 65 year old female with date of injury January 21, 2010 where she twisted her right knee. Evaluation showed medial meniscus injury and she had surgery June 10, 2010. Due to persistent pain, a total knee replacement was done May 31, 2011 with manipulation under anesthesia (MUA) on November 3, 2011. She had a revision total knee on August 20, 2012, with repeat MUA on December 14, 2012. She is currently undergoing physical therapy with electrical stimulation. She is using medication that includes Mobic, Skelaxin, Pamelor, Tylenol, and Vicodin ES. The type of electrical stimulation per the notes is NMES and ICS. Current request is for home purchase of an electrical stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **ELECTRICAL STIMULATOR (E-STIM) PURCHASE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, INTERFERENTIAL CURRENT STIMULATION (ICS),

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES TRANSCUTANEOUS THERAPY, , 114-121

**Decision rationale:** The California MTUS Guideline states that the type of electrical stimulation this patient is receiving (NMES / ICS) is not recommended due to lack of evidence to support its use. TENS type therapy does have an adjunctive role for pain treatment but is clearly delineated from the types of treatment that this patient is currently receiving. Furthermore, the electrical stimulation gives 15-20% subjective relief per the patient. Pain reduction scores that are significant, are usually considered  $> 30\%$  reduction. Based on the fact that this patient is receiving non-MTUS authorized electrical stimulation (NMES/ICS) and the fact that her pain scores are minimally effected, the purchase of an electrical stimulation device is not medically necessary.